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CONTENTS

	Page
The International Congress on Tuberculosis ...	789
Nursing Notes (The "Living-in" System; The Registration Bill; Nurses' Missionary League Lecture; A Retrograde Suggestion; Death of a Crimean Nurse)	790
Post-Graduate Lectures to Nurses	791
Two Invalid Lunch Trays	793
Princess Henry of Battenberg and her Nursing Interests	794
Irish Registration Meeting	795
Woman's Wider World	796
Legal Answers	796
Should Nurses "Live Out"?	798
Farewell Meeting to Missionary Nurses ...	800
Birmingham District Nurses' Home	803
The Medical Exhibition	803
Coming Events	807
Midwifery: Nurses as Midwives	808

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THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

At the recent International Congress on Tuberculosis, held at Washington, Prof. Fisher, of Yale, declared that 138,000 deaths from consumption occur in America annually, and further stated that under present conditions, according to all the rules of statistics, 5,000,000 living Americans are doomed to succumb to this cause. Figures such as these bring home to one the enormous economic importance of tuberculosis to a nation.

In the course of a lecture by Dr. Newsholme, it was stated that Mr. Burns proposes shortly to issue an order, calling upon parochial medical officers to notify within 48 hours of its detection every case of phthisis met with among parochial patients. It is an interesting fact that 33·5 per cent. of all deaths from consumption in England occur among paupers. This affords the most emphatic proof of the influence of overcrowding, poverty, and dirt in the etiology of tuberculosis.

This order of Mr. Burns' will be a most powerful adjuvant in the hands of the medical officers of health in their efforts in tracing and stamping out the disease; but even so, it is doubtful if so happy a result as the total extinction of consumption will be brought about in the space of the next thirty years, as was the opinion expressed by several of the delegates at the Congress.

The most interesting subject under discussion was the all-important question of the identity of bovine and human tuberculosis. This has been a subject of controversy ever since Koch's discovery of the bacillus of tuberculosis. Although the majority of authorities are unanimous in thinking that the two diseases are distinct but mutually communicable, a belief in large part due to the work of the Royal Commission on Tuberculosis, yet in the opposite camp is Prof. Koch himself, who holds that infection of humans with the bacillus of bovine tuberculosis never occurs. The enormous importance of such a pronouncement from such an authority as Koch cannot be overestimated. If one is to believe him, there is no object in the colossal amount of work involved in supervising milk supplies—to give only one example of the many substances likely to be contaminated with bovine tuberculosis. Fortunately, his views have never been accepted in their entirety, for it is now certain that bovine organisms *can* infect human beings. The question whether this frequently happens is still *sub judice*.

Some important work bearing upon this was brought forward at the Congress by Dr. Detre, of Budapest. As is now well known, if a killed bacteriological culture of bacilli be injected under the skin of a patient suffering from the disease which these particular bacilli produce, a rise in temperature—a reaction—takes place, thus affording a ready means of ascertaining whether the patient is in reality suffering from the disease in question. After injecting killed cultures of bovine tuberculosis into nine children suffering from various forms of the disease, he found that certain of them gave a reaction, showing that tuberculosis of bovine origin is not so uncommon as was supposed, and establishing a means of finding out which form of bacillus is the causative factor. In other of the cases his results led him to think that both organisms were at work, and that, therefore, the patient was suffering from mixed bovine and human tuberculosis.

These results, if confirmed, will be of the highest importance in solving the problem of the abolition of the disease.

The class for Speaking and Reading Aloud will be opened (as announced in our last week's issue) on Thursday next, October 15th, at 5 p.m., at 58 Upper Gloucester Place, W. (near Baker Street Station). If it should be found that some other day and hour would be more convenient to the greater number of those who attend, the alterations can be made, but for the first meeting the original arrangement must stand. Each lady should provide herself with a notebook and pencil.

NURSING NOTES

The "Living-In" System.

About three years ago we published an article from "An Outsider," urging that nurses, like other professional women, should live where they wished, and attend hospital at fixed hours, a plan which it was said would make their lives happier and give them greater breadth of thought and interest. This suggestion met with much opposition from matrons and little support even from nurses. Strangely enough, the same idea, said to be a "burning grievance among nurses," forms the subject of a letter to the *Times* of October 3rd, written by Miss Lucy E. Ashby, a member of the R.B.N.A., and is strongly supported by a leader in the same paper. Miss Ashby's arguments, together with a reply by the Hon. Sydney Holland, will be found on another page, and will afford interesting reading. It is true that the "living-in" system has been condemned in other professions, and that it has decided disadvantages; in hospitals it has probably arisen from considerations of convenience and economy, and perhaps also the religious origin of nursing as a vocation has had its influence. The only question to us appears to be, will the sick be as efficiently nursed if the nurses lived where they wish? A change in the system would involve enormous trouble and re-arrangement, but if it made for better and kinder nursing it would be a question for every matron to face with courage and impartial judgment. But the care of the sick is the first consideration, and no change should be hastily advocated which is not certain to make for improvement.

The Registration Bill.

We have received several letters on the subject of our leader last week, in which we asked nurses to decide for or against matters like suffrage and registration, but not to remain indifferent. So much has been written for and against registration that we have consistently refrained from adding to the amount of controversy, contenting ourselves with impartial reports of meetings and with directing the attention of our readers to the places where they could "read up" the whole question, and decide for themselves. Nurses should act, and act at once, by putting their views, individually or collectively, before their member of Parliament, and before the members of the House of Lords.

Nurses' Missionary League Lecture.

The first of the new series of lectures to nurses, organised by the N.M.L., took place at 67 Guilford Street on Tuesday last at 10.30. As we hope to publish the lecture in full in another issue, it is not necessary to do more than remark how well adapted it was to the real needs of nurses. Its subject was "The Responsibility of a Nurse towards Herself, Physically, Mentally, and Spiritually," and it was delivered by Sister Kate, of Guy's Hospital. As Miss Richardson pointed out at the conclusion of the lecture, it was so helpful to remember that the nursing ideal meant a consecration of body, soul, and spirit to be preserved and tended to the furtherance of the work. The lecture was full of wise, practical suggestions, borne of an intimate knowledge of a nurse's conditions and needs. It was the most crowded meeting that has ever been held, and bore eloquent witness to the fact that nurses are waking up to an appreciation of this Missionary League, which has a great work before it. The next lecture takes place on October 13th at the same hour and place.

A Retrograde Suggestion.

We are glad to see that—principally by the intervention of one of the ladies—the Watford Guardians were prevented from taking a most retrograde step. At their meeting last week a report from the Expenditure Committee was read in which the following was contained:—"That in future no probationer nurse be engaged, and that paupers in receipt of outdoor relief, who are capable of nursing, should be employed in the same capacity as assistant nurses." The chairman, the Rev. H. Burchall-Horne, said that the employment of women receiving outdoor relief who were capable of nursing would be an economy to the Board. He also explained that it was meant that they should be on a par with other candidates and should devote the whole of their time to nursing and live in the nursing home. Happily at this stage one of the Guardians—Lady Ebury—strongly protested against the proposal to employ paupers. She considered it an absolutely retrograde step; she dissociated herself from the whole question, and considered it was monstrous. A great deal of discussion followed; finally an amendment was moved that the clause relating to the employment of paupers as nurses be removed. This was carried by 17 votes to 2.

Though constantly advocating as we do the strictest economy when combined with efficiency, we most heartily endorse the words of the lady Guardian, who said that the suggestion to employ paupers as nurses was an absolutely retrograde step, and that it was monstrous. It is the duty of those who are elected to be—and are called—the "Guardians" of the poor, that they should in every way guard the interests and the welfare of the poor, especially when they are ill. This cannot in any way be accomplished by leaving them to the haphazard ministrations of paupers with no training in sick nursing.

Each infirmary, no matter how small, should be provided with an adequate and efficient and well-trained staff of nurses.

Death of a Crimean Nurse.

The death is announced from Gort Convent, co. Galway, of Mother Superior Aloysius Doyle, the survivor of the sixteen nuns of the Order of Mercy who left Ireland in December, 1854 to assist Florence Nightingale in nursing the soldiers in the Crimea. She was ninety-four years of age.

Mother Doyle was summoned to Windsor several years ago by Queen Victoria to be decorated with the Royal Red Cross, but was too old to undertake the journey. Her sister, aged ninety, a nun in the same convent, still survives.

POST-GRADUATE LECTURES TO NURSES

Pneumonia and Its Complications.

I.

For an adequate comprehension of the signs, symptoms, and pathological anatomy, and more especially of the logical treatment of lobar pneumonia, it is necessary always to remember that the disease is in reality an acute infective fever, accompanied by certain changes in the lung. When this fundamental fact is realised, the disease is robbed of much of its mystery, for many of the difficulties in interpreting the various symptoms resulted from the belief held by the older clinicians that pneumonia was primarily a disease of the lung following upon chill or exposure.

Bacteriology has taught us that such is not the case; pneumonia is due to a small coccus which, from the fact of its being always found in pairs, is called a diplococcus—the *Diplococcus pneumoniæ*. This organism, which in health is found in large numbers in the mouth, under certain conditions undergoes rapid multiplication, and invades the system, giving rise to a group of symptoms of which acute inflammation of one or more lobes of the lung is the most prominent. As it is characteristic of the disease for the whole of one or more lobes to be attacked, the name lobar pneumonia has been given to it, in contradistinction to the lobular pneumonia occurring in children and old people, in which small portions or lobules of a lobe are attacked, giving rise to an entirely different clinical picture.

The most common conditions preceding an attack of pneumonia are either chill, or what has been very common of recent years, influenza. These appear in some way to alter the resisting powers of the system: the micrococci which were lying harmless in the mouth are lighted up into activity, and depending upon either the intensity of the stimulus or upon the resistance of the system, take on a greater or less degree of virulence.

In a virulent case the diplococci rapidly multiply in the blood-stream, and the patient very soon is in a condition of profound toxæmia, that is to say, blood-poisoning; and as the toxins of pneumonia, or rather of the organisms of pneumonia, have special properties, the symptoms which result from the toxæmia have special characters. The heart is seriously affected. In nearly all toxæmias—scarlet fever, septicæmia, and diphtheria—this is the case, and pneumonia is no exception; the heart muscle is poisoned and weakened, and the pulse is therefore rapid and ultimately feeble. Perhaps the most striking symptom of pneumonia is rapid breathing, which is so characteristic as almost to be pathognomonic. Recent pathology has shown that this dyspnœa is due to a stimulation of the respiratory centre in the medulla oblongata, and is not due to the fact of the inflammation of the lung rendering respiration difficult. Indeed, the onset of the dyspnœa is before there is sufficient change in the lung tissue to have had much influence on respiration. And, again, in such a case, for instance, as where there is a large collection of fluid in the pleural cavity when a large proportion of the lung is rendered useless for purposes of respiration; the dyspnœa is neither so urgent nor so striking as in many cases of pneumonia where comparatively little lung tissue is involved. It is obvious, therefore, that the dyspnœa of pneumonia is something special and peculiar, which has little or no connection with the lung condition. This is further illustrated by what takes place at the crisis of the disease, when in the short space of a few hours the temperature falls several degrees, the pulse slows down, and the breathing becomes relatively quiet, when it is obvious that no great change can have occurred in the condition of the lung itself.

The actual changes that take place in the lung are of considerable interest. As already stated, it is nearly always a whole lobe, or, at any rate, the greater part of a lobe, that is affected; it is rare for more than one lobe to be affected at the outset. Why one lobe rather than another should become inflamed it is impossible even to conjecture. The organisms are carried there by the blood, and are distributed throughout its capillaries, so much we know; and, having got there, they set up an acute inflammation which goes through certain definite stages. There is first of all the stage of congestion when all the capillaries are engorged with blood, and the lung is swollen and red, and drips blood when cut into. Then comes a time when the inflammation is so intense that exudation of blood-stained lymph takes place into the alveoli of the lung, which becomes enlarged in consequence, and when cut into has the firm consistence and granular appearance of liver tissue. This stage is therefore called the stage of red hepatisation. At a later stage the exudation in the lung alveoli disintegrates into a purulent fluid which gives the lung a greyish-yellow appearance. This stage is called the stage of grey hepatisation, and if recovery does not now take place a further stage of necrosis and abscess formation is reached, and proves fatal.

These various changes in the lung are accompanied by certain definite symptoms. The inflammation of the lung tissue in the first stage is not confined to the interior of the organ, but equally affects the surface, leading to a certain degree of pleurisy, which makes itself manifest by a severe stabbing pain each time the surface of the lung rubs against the inner surface of the chest wall—that is to say, at each respiration; while the engorgement of the lung originates a constant hacking cough, unaccompanied at first by expectoration, and considerably aggravating the pain of the attendant pleurisy.

The sputum soon begins to show the presence of the bloodstained lymph, which, as already mentioned, occupies the alveoli in the second stage. This is not in sufficient quantity to give the sputum a bright red appearance; it is merely a slight staining, which has the effect of render-

ing it rust colour. The rusty sputum of pneumonia is very typical, and is not seen in any other disease.

When in the stage of grey hepatisation, the solid contents of the lung alveoli begin to disintegrate into muco-pus, the sputum loses its rusty appearance, and becomes purulent and at the same time very copious. The total amount of sputum in a case of pneumonia is to be measured in pints, as it is almost entirely by this means that the very large amount of exudate into the lung is got rid of.

All the time that these changes have been going on the pulse has been rapid, the dyspnœa has been well marked, and the temperature has been high, ranging between 102·5 and 104·5, and showing no intermission.

Death may occur either early or late in the disease. It sometimes happens that the attack is so severe, the toxæmia so profound, that death occurs within forty-eight hours of the onset. In these cases it is the toxæmia alone that kills, for there is hardly time for much change in the lung to have taken place. It is particularly in the old and feeble, and especially in the subjects of chronic alcoholism that this is the case. Indeed, in a chronic alcoholic pneumonia is almost invariably fatal.

Death occurring at a later stage is due to the gradual exhaustion of the cardiac muscle by the toxæmia, the high temperature, and the respiratory difficulties.

The termination of an attack of pneumonia by crisis is one of the most remarkable things in medicine. In order to understand how the crisis of pneumonia comes about it is necessary briefly to refer to the question of toxins and antitoxins. It is now common knowledge that bacteria produce their baneful effects by virtue of certain highly poisonous chemical substances called toxins, which are formed in the process of their growth. To counteract the effects of these toxins, Nature has provided another class of potent chemical substances which are produced by the cells of the blood and of the tissues. These are the antitoxins, and they appear only to be formed as the direct result of the presence of toxins circulating in the blood. In the ordinary course of events it is obvious that as the bacteria have a start, so to speak, the toxins should be present in considerable amount before any antitoxin is formed, and have the opportunity of producing the usual results of their presence, which vary, of course, with each organism. As the antitoxin when produced in sufficient amount will almost exactly neutralise the effect of the toxin, it is obvious that the question of recovery from any given disease depends upon whether the production of antitoxin can be rapid enough to neutralise the toxin before the effects of the latter have become too marked.

Diseases vary considerably in this particular. In pneumonia ending by crisis the point of neutralisation of the toxin by the antitoxin comes rather suddenly, usually about the seventh day, and a very striking condition of affairs is manifest; in the space of four or five hours the temperature drops often as much as five or six degrees, the breathing which has perhaps been at the rate of thirty per minute, drops to twenty or less, while the pulse rate drops by twenty or thirty beats, and from that point the patient gets steadily better. In termination by lysis the change is a much more gradual one; it is probable that here the development of antitoxins is a much slower process, and that only with difficulty is an amount of antitoxin produced which is sufficient for the neutralisation of the toxins.

To recapitulate, lobar pneumonia is an acute specific fever due to the *Diplococcus pneumoniæ*, and characterised by high temperature, quick pulse, rapid breathing, and by acute inflammation of one of more lobes of either lung; the inflammation of the lung, and of the pleura covering it giving rise to severe pain in the chest, hacking cough, dry at first, then accompanied by expectoration which in the early stages is "rusty," and later becomes more and more purulent.

Termination of the disease is either death or recovery in one of two ways—by lysis, a slow and gradual process; or by crisis, when, at a definite point, a sudden change for the better shows itself in all the symptoms, and recovery is rapid.

The treatment of pneumonia has gone through many vicissitudes, and is still somewhat debatable ground. Many hold the view that interference is harmful—that the disease must run its course, and that it is only a question of good nursing; but although too much meddling and interference with a patient who is as acutely ill as a person with pneumonia always is, must be deprecated, a consideration of the view of the pathology of the condition enunciated above leads one to think that much may be done in combating the disease. In the first place, the blood is surcharged with toxins, and the obvious indication would appear to be to get rid of them. This is only to be done by encouraging by every means in one's power all the natural methods of excretion of waste products. The bowels should be well open, diuresis should be encouraged by copious draughts of innocuous fluids, such as milk, barley-water, lemonade, &c. Sweating should be produced by hot packs, and if the patient is full blooded, bleeding up to ten or fifteen ounces is beneficial. The pain over the inflamed lung may be relieved by the application of leeches followed by linseed poultices. In place of linseed many physicians are now using poultices made of a mixture of clay and glycerin. This has been in the United States pharmacopœia for some years now, and has the advantage of retaining its heat for a much longer period than linseed or any other kind of poultice. In place of hot applications, an ice-bag may be applied. This has many advantages; it relieves pain very considerably; it is easy to apply and keep renewed without much disturbance of the patient; and it also appears to limit the inflammatory process going on in the lung.

In the later stages of the disease, when the

heart is beginning to show signs of the great strain thrown upon it, stimulants will be necessary—brandy, champagne, digitalis, or strychnine. In patients who are accustomed to a good deal of alcohol it will be necessary to resort to stimulants at an earlier period than would otherwise be the case, and oftentimes to give them in very large doses indeed.

It is perhaps fair to mention, however, that there are many physicians holding strong views on the question of alcohol who not only do not give their pneumonia patients alcohol, but claim that by withholding it they obtain better results. This is obviously a question upon which it is impossible to be dogmatic, but it is certain that the majority of medical men are firm believers in the value of alcohol in pneumonia and similar diseases, and make a practice of prescribing it.

TWO INVALID LUNCH TRAYS

I NEED hardly begin by saying that, of course, a nurse will see to her tray being daintily prepared—spotless damask, the brightest of silver and glass, and an immaculate cruet.

I am assuming that the patient is on the road to recovery, that the days of barley water, linseed tea, broths, arrowroot, and such like are things of the past, and that we are "feeding up."

Personally, I never prepare a tray or allow a tray to be sent up without a spray or a flower of some kind, even if it be only a few wild ones; I find they are just as appreciated and gratefully received as some rare orchid.

The following dishes I have always been able to manipulate without causing kitchen friction. Vegetables, when permissible, will generally be done by the cook, excepting in the case of asparagus and seakale; these I am most particular to do myself.

Tray No. I.

Steamed Filleted Sole à la Maître d'Hôtel.
Chicken Jelly with Fingers of Toast.
Fruit Cream.

Steamed Filleted Sole.

This is best done by steaming over a saucepan of boiling water between two plates.

Make the Maître d'Hôtel butter by chopping very finely some well-washed parsley; take a piece of fresh butter on a plate and, with a few drops of lemon juice and a little salt, work all well up together; then form into little pats. When your sole is ready, dish up on a *hot* dish, placing the butter on the sole, and serve quickly.

Chicken Jelly.

Put half a chicken in a coarse cloth, and pound it well with a mallet, bones and flesh together; when *well* pounded, remove from cloth, and put into a saucepan with enough water to cover it; let this simmer very *slowly* until the liquor is reduced to about one-half and the meat falls to pieces when stirred; strain and press through a colander, then through a coarse cloth; salt and season to taste; then put it on the fire again for five minutes to simmer; after it is cold, remove every particle of grease; it can be re-heated on the hob in a basin, and then poured into little dainty white pots for use.

Fruit Cream.

Take ½ lb. of apples which have been carefully boiled in syrup; pass them through a sieve; add ¾ gill of thick cream; whip together until quite thick; put into dainty dish, and decorate with a few crystallised rose leaves; a little white of egg may be used to make the cream easier of digestion.

Tray No. II.

Gravy Soup.
Calf's or Lamb's Sweetbreads (Stewed in Milk)
Served with White Sauce.
Crème de Riz Pudding.

Gravy Soup.

This can be made with some good meat gravy flavoured with the bones of any game or chicken, and delicately seasoned to taste; serve with tiny croutons of toast.

Stewed Sweetbreads.

Take calf's or lamb's sweetbreads; soak in water about two hours; blanche by putting it in a saucepan with cold water, bringing this up slowly to the boil, then taking out and plunging into cold water; the skin and any part not the actual breads *must* be removed; when the breads are prepared, put into a saucepan with enough milk to cover them, a little salt, blade of mace, about five white peppercorns; let this *slowly* simmer until quite tender; dish up on a hot dish; put a little white sauce round; garnish with parsley and a little cut lemon.

White Sauce.

Desertspoonful flour, size of a walnut butter, about ½ pint or gill and half milk, small piece of onion, peppercorns, clove, small piece of bay leaf; melt the butter; add the flour; cook without browning; boil the bay leaf, onion, peppercorns, and clove in the milk; let them simmer to extract the flavour; then mix with butter and flour, and cook for about ten or fifteen minutes; add salt to taste; strain the milk before adding to butter and flour; this should be perfectly smooth; to ensure smoothness it can be put through a fine sieve or strainer.

N.B.—In many cases only pepper and salt may be used for the white sauce.

Crème de Riz,

which is most delicate for invalids, can be bought in packets at all good grocers', and full directions for use are on the packets; it is an invaluable adjunct to the sick-room.

PRINCESS HENRY OF BATTENBERG AND HER NURSING INTERESTS

By Sarah A. Tooley.

PRINCESS HENRY OF BATTENBERG has long taken a very practical interest in sick nursing and in the St. John's Ambulance Association. Many years ago the Princess established an ambulance class for people on the Balmoral estate. It met in the ballroom of the Castle, and the Princess was a most diligent student, and obtained a certificate after examination.

H.R.H. PRINCESS HENRY OF BATTENBERG.

As the wife of a soldier, Princess Henry has been specially interested in Red Cross work, and was the first recipient, after Queen Alexandra, of the order of the Royal Red Cross, instituted by Queen Victoria after the Zulu and Egyptian campaigns in 1883 for rewarding zeal and devotion in providing for and nursing sick and wounded sailors and soldiers. Some twelve years later Prince Henry of Battenberg died of fever contracted while serving in the Ashanti War, and the sad circumstance gave to the widowed Princess a yet deeper sympathy with the sick and suffering.

All the circumstances of the Princess's life have tended to develop her sympathies in this direction. As a tiny child she climbed on her mother's knee to look at "mamma's sad cap," and during her childhood she lived in an atmosphere pregnant with sorrow. Queen Victoria, in her later years, referred pathetically to her youngest child as "the daughter who has never left me."

Princess Henry's interests have been centred very specially in the Isle of Wight. She was married at the pretty little church of Whippingham, her husband was appointed Governor of the island, and became most popular with all classes on account of his kindly disposition and the affection which he showed for the fair little island. To its shores his body was borne from Africa—his death having taken place during the homeward voyage—and in the church which saw him a bridegroom he lies buried.

The Princess, after her husband's death, was appointed Governor of the island, and has discharged the duties with peculiar interest, as a residence at Osborne during a part of each year has made her thoroughly conversant with the people and the island. Much of the Princess's time is now spent at Osborne Cottage, and, as becomes an islander, she is fond of yachting.

Princess Henry gives her patronage to nearly all the philanthropic institutions and associations in the island, and those for the care of the sick appeal to her very specially. She is President of the Royal Isle of Wight County Hospital, Ryde, and on the occasion of her visits shows great interest in the patients. A special feature of this hospital is the beautiful Queen Victoria Ward for children, which has ten cots and one bassinette. One of the cots is dedicated to Prince Henry of Battenberg. The Princess is a Life Governor and annual subscriber, and has been most interested in furthering the scheme for the new wing, which was opened by her last year. It consists of an out-patients' department, isolation ward, mortuary, and chapel, arranged on the most approved modern lines. The Princess, accompanied by the matron, made a thorough inspection of the new buildings, and expressed satisfaction with the arrangements. The present Queen of Spain used to visit the hospital before her marriage, and took special interest in the little patients in the Victoria Ward. The King of Spain sent a donation of fifty guineas to the hospital, "as a small souvenir of his visit to the island," and has become a Life Governor.

The hospital was founded some sixty years ago about the time when Queen Victoria selected the Isle of Wight for her marine residence. It has been much enlarged, and last year 580 in-patients received treatment, and 6,557 attendances were registered. The nurses' quarters are very pleasant, and were reconstructed some years ago. Miss Brackenbury is dispenser of the hospital, and Miss Antram is matron. In connection with the hospital is the Milligan Convalescent Home, for fifty-seven inmates, of which Miss Jones is matron.

All visitors to Ventnor are familiar with the Royal National Hospital for Consumption, so beautifully situated on the undercliff, and of this fine institution Princess Henry of Battenberg is a patron. Accompanied by her husband she visited the hospital in July, 1887, and opened the tenth block of buildings; the following year she accompanied Queen Victoria on a visit to the hospital, when the Victoria Block was named. In July, 1897, the foundation-stone of the eleventh block of houses was laid by the Princess in memory of her husband, and received the name of the Battenberg Block. In August, 1899, the upper floor of the new block for men patients was opened by Princess Henry, and her Royal Highness continues to take the deepest interest in everything connected with this model institution, which also has for patrons the King and Queen, Prince of Wales, the Princess Louise, Duchess of Argyll, and Lord Rosebery is President. Upwards of 22,000 in-patients have passed through the hospital, and a large proportion have been enabled to resume their occupations. The nursing staff consists of a matron, six charge nurses, one night charge nurse, and ten probationers.

The Cottage Hospital, East Cowes, is another of Princess Henry of Battenberg's special interests. It was originally built and maintained as an almshouse for aged and disabled seamen in memory of Mr Frank James by his brothers Mr. Arthur and Mr. William James. During the South African War it was changed into a Convalescent Home for invalid soldiers. In 1902, when no longer required for that purpose, Mr. Arthur and Mr. William James offered the home to Princess Henry of Battenberg as a Cottage Hospital for Cowes and district, with an annual endowment of £300. At the same time, a sum of £800 from the old Cowes Hospital scheme was placed in the hands of trustees for the benefit of the hospital. Princess Henry is President of the hospital and a very frequent visitor, and was always accompanied by the Queen of Spain before her marriage. Princess Christian always visits the hospital when in the island, and most of the visitors to Osborne Cottage are brought over by Princess Henry. Indeed, this charming little hospital enjoys much royal favour. The matron is Miss M. N. Scott.

Princess Henry takes a deep interest in district nursing in the island. As her beloved mother's most constant companion, the Princess shared her interest in the scheme for providing skilled nursing for the sick poor in their own homes, and was present with her Majesty when she reviewed the first contingent of "Queen's Nurses" at Windsor in 1896.

A District Nursing Association was formed in Ryde some twenty years ago in affiliation with the Q.V.J.I., and of this association Princess Henry became President in 1893. She takes a great interest in the charity, and always attends the annual meeting when possible, and gives her patronage to the various entertainments arranged by friends in aid of the funds. The number of visits paid during the past year was 8,105, and new cases attended 451. In the months of September and October the work was heavier than it had been for many years, and in these two months alone the nurses paid 1,650 visits. There is a staff of four nurses, including one maternity nurse. The home is at 60 Monkton Street, a substantial and comfortable house.

Recently a scheme has been started for providing a district nurse for East Cowes and Whippingham, and Princess Henry has consented to become President. Miss Caroline F. Madden was the nurse appointed, and entered upon her duties on New Year's Day. The dispensary is proving a great boon to the district.

The Osborne Convalescent Home for naval and military officers now established in Osborne House, endeared to Princess Henry by a thousand tender memories as child, wife, and mother, is of peculiar interest to her. All the arrangements are delightful, and the Princess has testified her approval in the fact that her eldest son, Prince Alexander, a lieutenant in the Navy, who has been on the sick list lately, entered the home for a short time this autumn when the Princess left Osborne Cottage for London.

It may, perhaps, be permissible to cross the silver streak to Gosport, where the Victoria Nursing Society for Gosport and Alverstoke has had the Princess for President since its formation in 1897 as the local memorial of the Diamond Jubilee. The three nurses were presented to the Princess when she attended the annual meeting.

IRISH REGISTRATION MEETING

THE following bodies were invited to send delegates to attend a conference organised by the Irish Nurses' Association to consider the Nurses' Registration Bill:—The University of Dublin, Royal College of Physicians, Royal College of Surgeons, Royal University of Ireland, Royal Academy of Medicine, the four Irish Branches of the British Medical Association, Catholic University Medical School, Ulster Medical Society, Cork Medical Society, and the Irish Nurses' Association. A large number of representative matrons were present, and resolutions were passed unanimously in favour of State registration, and of the inclusion of Ireland in the Registration Bill.

Mr. Leutaigne criticised the present Bill, and said that the Royal College of Surgeons should have power to nominate a member on the proposed nursing council, as surgeons were a little more conversant with the work of nurses than other medical men. The surgical nurse, the hospital theatre nurse, formed, he might say, the *elite* of the profession, and the surgeon was absolutely dependent on her great technical skill and knowledge and care, and on the precision and accuracy with which she carried out her work. The proposal to create a body of associate nurses—that was, nurses who were temporarily untrained or badly trained—was, he thought, objectionable; none but properly qualified nurses should be admitted to membership.

THE death is announced of Sir Arthur Macan, obstetric physician to Sir Patrick Dun's Hospital, Dublin. Many reforms at the Rotunda Lying-in Hospital, where he was formerly Master, were due to him, especially in the nursing system.

WOMAN'S WIDER WORLD

THE Manchester Education Committee has decided to appoint three assistant medical officers for schools, and none of them is to be a woman. Apart from the fact that children are generally admitted to be specially women's work, half the children to be inspected are girls, and half the teachers are women, and this decision of the committee is much to be regretted.

"The Medical Inspection of School Children," "The Work of Health Societies," and "Training in Citizenship" are among the subjects to be discussed at the annual conference of the National Union of Women Workers to be held at Aberdeen from October 12th to 15th, under the presidency of Lady Aberdeen. Mrs. Creighton, Mrs. George Cadbury, Mrs. Flora Annie Steel, Miss Haldane, and other well-known women will speak.

A considerable amount of dissatisfaction has been expressed with the formation of the old age pension committees, and from the women's point of view these complaints seem well justified. These committees are appointed by the local authorities in their respective districts, and may be composed of part of the council along with co-opted members, or of the whole of the council. But in the latter case there can be no co-opted members, as the number of members of these committees cannot exceed the number on the council. In so far as these committees have been formed, the local councils have almost invariably appointed themselves *en bloc*, thus excluding people with special knowledge on the subject. The Act enabling women to sit on local authorities came into force so recently that the number of women councillors is a negligible quantity, and women who will form the larger half of the pensioners will have none of their own sex on the committees. The omission is perhaps one of forgetfulness. In a few cases where the women's point has been publicly stated, one or more have been co-opted. In London and Glasgow women have been co-opted, and Aberdeen will have a woman on its committee.

The following ladies have been co-opted to the London Central Pensions Committee:—Mrs. Bland Sutton (of the Happy Evenings Association); Miss Leigh Browne, hon. secretary of the Women's Local Government Society; Miss Honor Morten, and the Hon. Violet Douglas.

Miss Gertrude Holland Wren, of Muswell Hill, has gained the signal distinction of being the first woman to carry off the Pereira Medal, the blue riband of pharmacy. The medal was founded 47 years ago, and is awarded for high proficiency in materia medica, botany, and chemistry. Miss Wren, who, at the distribution of prizes was enthusiastically received, also gained the Redwood Scholarship.

LEGAL ANSWERS

By A Barrister-at-Law.

Legal inquiries are answered as quickly as possible in this column free of charge, if accompanied by the coupon "Legal," to be found in our advertisement pages; in special cases, as we cannot guarantee the immediate insertion of answers, we have arranged to answer urgent queries by post within 3 days, if they are accompanied by a remittance of 2s. 6d. To readers who do not know a reliable solicitor we can recommend one by post if a stamped envelope is enclosed.

A. S.—The question as to what you are entitled to receive as remuneration depends upon the contract which you had with your employers. That contract may be express—that is, it may have been set out in words and figures either in writing or by word of mouth; or it may be an implied contract—that is, in the absence of any expressed terms, it would be held that you both had impliedly consented to give and receive the usual remuneration on the usual conditions. Such an implied contract, in your circumstances, is rare, and yet it seems that there was no express contract in your case beyond this: that in November, 1906, you were engaged to act as matron of a sanatorium of eighteen beds, the sanatorium to be opened in May, 1907, and meanwhile you were to receive some special training for a period of three months at the expense of your employers. Your salary, apparently, was to begin in May, 1907, and this was paid in May, together with board and lodging for one month; but the sanatorium was not opened till November, 1907, nor was anything further paid until after that date. In these circumstances, it seems to me that, as you had been engaged for services which were to begin in May, and that you were ready, able, and willing to render such services in May, but were prevented from doing so by no default of your own, but from the inability of your employers to provide you with the work agreed to be given to you, there was an implied contract to pay you your salary continuously from May, 1907, together with such sum as would reasonably suffice for the board and lodging and any other emoluments and advantages which your employers had agreed to add to your salary by way of remuneration. The total sum which would represent such remuneration would be the sum you would be entitled to claim—if, that is, you have not surrendered your right to make that claim by agreeing to be out of pocket and practically out of work while your employers were muddling along and depriving you of the benefits of the contract into which they had entered with you. As to the resignation, that would depend on the terms of your contract. If nothing was written, said, or implied about the conditions governing your resignation or their dismissal of you, then it would be safe to consider the recurring period of the payment of your salary as the limit of time for which notice of resignation or dismissal might be given. If paid monthly, that is, a month's notice on either side would be sufficient.

A.C.—A patient engaged a room at your house for her confinement, which eventually took place elsewhere, and you ask me what fees you would be justified in asking. My reply is that if you reserved accommodation at your house at the request of an intending patient, and that patient did not use such accommodation, and you were unable to, and, in any case, did not let the same accommodation for the period in question at the same rate, then you are entitled to ask for the amount the intending patient agreed to pay; or if you did let the same accommodation, but not for the whole of the period in question, and for a less amount, then you are entitled to claim the difference between what you actually received, and what the patient had agreed to give.

M. A.—You should add up everything that may be included in your remuneration—board, lodging, uniform, laundry—and see what they amount to, for you are entitled to claim one-half of your average weekly earnings, though you cannot claim more than a maximum of £1 a week. I should say that you can easily establish your claim to this £1 a week, as the board and lodging must be worth more than the figure you mention.

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SHOULD NURSES "LIVE OUT"?

A NURSE, Miss Lucy E. Ashby, has written to the *Times* a long letter, protesting against the system by which hospital nurses "live in," and stating that this is a "burning grievance" with almost every nurse in England. She goes on: "It is not the happenings during the hours of duty that nurses object to, nor is it the discipline practised in duty hours. Discipline in hospital must be maintained, and I should be sorry to see it applied one whit less sternly. The evils which exist, and against which nurses rebel, are connected with their spells of off-time. The present system condemns them to a barrack-room existence, and gives them an institutional taint which is as harmful as it is obnoxious. No sound argument can be brought forward in support of the living-in system. Its only recommendation lies in the fact that it has been practised for a good many years; but, if we look round us for a few moments, we shall find hundreds of evils quite as old that are being quietly eradicated. Progress demands it."

The system may have been necessary fifty years ago, but now "conditions have altered." It is the "barrack system," she thinks, which is answerable for the proverbially narrow views of nurses.

"Her mission is the noblest that woman can undertake, and I believe that she fulfils it with a zest and cheerfulness which are far from common in other walks of life. Her hours of duty are long and very often arduous; her off-duty time is ridiculously small. She has little time for reading, and the time at her disposal must for several years be devoted to the study of such works as will help her to pass her examinations and the better fit her for tending her fellow-creatures. During her three years' training period she must attend lectures regularly, and apply herself closely to the study of what the lecturers tell her. In addition, she is obliged by the hospital regulations to take a walk in the open air every day, a most excellent rule, but, in view of the little time given her (usually two hours a day) for recreation, keeping in touch with friends, writing letters, sewing, and the thousand and one little things which are personal with us all, sometimes a very awkward one. In the case of nurses on night duty, the two hours must be taken immediately they finish duty at breakfast-time, and permission—invariably refused—must be obtained if they wish to take the two hours at any other time. They must be tired and rested just when the regulations say they must be.

"Living-out would improve everything. In the first place, it would raise the nurse, in the matter of freedom, to the *status* of the typist and the clerk. And why not? It would fit her for work by giving her time for a little play. The nurse wants to feel that she can visit a theatre or attend a family party occasionally without being accused of frivolousness, and jeopardising her chance of promotion thereby. She wants a little time which she can call her own."

That nurses would be unpunctual if they lived by themselves, or would not look after their health, Miss Ashby denies, and she goes on to criticise hospital dietary. "It would be difficult, indeed, to imagine a less substantial and less appetising meal than is provided every morning for the nurses in the majority of our hospitals. The other meals, by the way, are in complete harmony with the first one. Before an intending probationer takes up her post in the average hospital, she receives, in conjunction with other particulars of the life and work there, a daily menu, but, alas! like many another menu, it loses respect the longer one knows it. The food is badly cooked, is rarely fresh, and at many hospitals there is an alarming shortage. At one hospital which I have in mind a table-cloth did duty for eighty-four meals." She concludes: "But perhaps the most important reason of all why hospital nurses should be permitted to live outside lies in their right to expect an occasional change—a change of environment, a change of companions. The self-same education and breeding which qualifies the hospital nurse for her position, prompts her also to long for an interchange of ideas and a broadening of her outlook on the world. Education, if it be worthy of the name, begets a desire for more, and hospital nurses are old enough (they must in most cases be at least twenty-three before they enter the wards) to know that there is an education in the world beyond the gate where you press the accident bell that is worth acquiring. More than that, it is necessary to acquire it. A large number of the hospital nurses of to-day will be the district and private nurses of to-morrow, and—well, how would you like to have for your doctor a medical monk who chanted his beads and talked monastery all the time he was in your bedroom? There can be no wonder at private nurses' wearying people with their hospital experiences. They know nothing else; they have had no opportunity to learn."

In another issue, the Hon. Sydney Holland takes up the defence of the present system, citing as an example the comfortable arrangements for nurses at the London Hospital. He writes: "I have probably worked as long at hospitals as Miss Ashby, and know as many nurses in and out of the profession, yet never in all my experience have I ever heard a nurse complain of having to live in. I have had experience of nurses living in and living out, and so far from it being 'a burning grievance to live in,' our nurses at the London Hospital, before we built our last Nurses' Home, disliked intensely living out, though we found lodgings and food for them.

"Two hundred and ninety day nurses have to come on duty ready for work at 7 o'clock every morning, Sundays as well as week-days. Punctuality in a large hospital is absolutely necessary. Surely the practical difficulty of securing this punctuality from women dependent on trams and trains, Sundays and week-days, women who might have long distances to come, necessitating an abnormally early start, is one that might make Miss Ashby pause before advocating it. I presume patients as well as nurses have to be considered. What would happen to them if there was a fortnight of fogs delaying all traffic, or a breakdown such as occurred on Saturday on the tubes? But they might live close by? Would it be easy, or possible, or desirable, let me ask, to find rooms in Whitechapel for our nursing staff of 430 young women? Similarly, week-days and Sundays, 124 nurses have to come on duty for night at 9.20 p.m. ready for immediate work. Possibly it would be easier to get to the hospital then than by 7 a.m., but still not very easy. Would the parents of these young women prefer that they should find lodgings and cater for themselves?

"And now from the nurses' point of view. Would living out be desirable?

"At the London Hospital every nurse has a bedroom with a window to herself. There are two large and beautifully furnished sitting-rooms with pianos, newspapers, &c., a library, and a writing-room; there is also a private, and not overlooked, garden reserved for nurses, and there are also tennis-courts reserved for them. Would a nurse be happier or better off if she had to find lodgings and arrange for her own meals, which would vary in time as to whether she was on day or night duty? Could any life be more uncomfortable than that of a woman in necessarily cheap, furnished apartments at the mercy of a landlady? It is not fair to suggest, as Miss Ashby does, that every nurse has a congenial friend to go and live with. Most of our nurses come from the country and know no one in London at all.

"And, after all said and done, this living in, hardship or no hardship, is only compulsory on a nurse while she is serving her agreement with the hospital. When that is over, be it for three or four years, she is free to go and live and nurse where she pleases. She can stay at the hospital and endure Miss Ashby's burning but imaginary grievance of 'living in,' or she can take up private or district nursing, where there is no living in and often no living at all.

"Lastly, with regard to a nurse's off-duty time. At the London Hospital every nurse gets three hours off every day by daylight, half a day every week, and a whole day every month, and four weeks' annual leave, and there are no undue restrictions as to how these times are spent. The London Hospital is no exception. Some such hours obtain at all the best hospitals in London.

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FAREWELL MEETING TO MISSIONARY NURSES

SOME special strength and power seem to arm mission nurses with such love and faith and trust as will urge them to do God's bidding gladly and thankfully, though it cost them all else they hold dear in life. They are just ordinary, everyday nurses, not particularly gifted in speech or appearance, but they form just that blessed leaven of good that will keep sweet and true the inspired channels of the nursing profession.

The farewell meeting last Saturday commenced with a discussion, at which about thirty nurses were present. In the afternoon there were a goodly number, and some interesting sketches of missionary life were given by doctors from abroad, whilst the four sailing members were in the seats of honour, and had a cordial if somewhat trying time. Dr. White, of Persia, gave a vivid account of his missionary work in Persia, extending over ten years. The patients attending the mission hospital were drawn from 50,000 people, and the workers numbered five, none of whom were really trained except the doctor himself. The Mahommedans were, in the beginning, much averse to the advent of these Christians until a small Parsee boy was brought up for supra-pubic operation, his case having defied all the skill of Parsee doctors for several years. The boy recovered completely, and from that time forward the whole sick population threw itself upon the resource and skill of this white doctor and his wife and helpers, and miraculous openings led to the conversion of many. Natives began to come one, two, and three hundred miles to get treatment, and to-day there is a fine hospital of 100 beds, in which work the doctor and two English nurses, and the need for more help is terribly urgent.

A powerful and moving appeal to the Christian nurses of England was made by Dr. Ruby Glanville, a lady who is shortly going to work in India under the C.E.Z.M.S. She suggested that one of the main reasons nurses were not ready and willing to come forward in sufficient numbers to the mission field was the fact that so many drifted off into home work and promotion, because they never really faced the question of where their true vocation lay.

In the evening there was again a very good gathering of nurses, many of whom were not in uniform, which seemed a pity at so representative a gathering. Colonel Oldham, as chairman, inaugurated the proceedings with a stirring appeal to nurses, not only to come forward as missionary workers when their training was completed, but to train and fit themselves spiritually by study of the Scriptures. It was a sad fact that many nurses desiring to become missionary nurses had during the past year been disqualified because of their lack of knowledge of the Bible. Miss Richardson, after a very cordial expression of thanks to the matrons of large hospitals who had so helped forward the work of the N.M.L. by their co-operation and sympathy, announced the ten posts vacant and sorely needing nurses in the foreign mission field in Smyrna; Sierra Leone; Shanghai; Bangalore, S. India; Mosul, Turkish Arabia; Gaza, Palestine; Kerman, Persia; Yezd; Mombasa, Africa; Kabarole, Africa.

Dr. Eleanor Dodson, from the Women's Hospital, Dera Ghazi Khan, in India, gave a detailed account of the special features of nurses' work in India, and the terrible need for more workers. Her description of the women's hospital as it was when she went out six years ago gave a good idea of the almost inconceivably difficult conditions under which her work had to be done. The women's hospital was only a mud hut, practically, and the operating theatre a small, mud-lined passage with a skylight so ill-fitting that when it rained the operating table had to be moved to dodge the showers. Originally, birds and bats were the chief occupants of the hospital, but now the only difficulty was to keep the patients out. It was no good to tell them beds were full, for it appears that Indians do not take "no" for an answer, and merely walked past the "Lady Sahib," and, finding a vacant corner, squatted down upon it, saying they had come to stay. The speeches concluded with a farewell message to their friends by all the sailing members, and whilst these messages were at once too sacred and too intimate for repetition, the burden of their cry to fellow-workers was to pray for them.

In addition to those we have already mentioned, five nurses also left recently:—Miss Fricker (trained at Guy's) to the Government Hospital, Trinidad; Miss Wilkinson (Guy's), to Delhi, under S.P.G.; Miss Holford (Camberwell Infirmary), to S. America; Miss Power (Fazakerley Hospital, Liverpool), to Cuzco, S. America, under R.B.M.U.; Sister Dietz (Radcliffe Infirmary, Oxford), to West China, under C.M.S.

HERTS COUNTY ASSOCIATION

A MEETING was held at 20 Arlington Street on October 1st to inaugurate the new County Nursing Association for Hertfordshire, the Earl of Clarendon, G.C.B., G.C.V.O., in the chair. As we pointed out last week, it is hardly likely the well-trained midwife can come and work in a place where her average earnings would be 4s. 4d. a week; it seemed, therefore, advisable that an association should be formed on analogous lines to other county associations for the following purposes:—To supply trained midwives and monthly nurses, to assist local nursing associations and private persons to obtain according to their requirements nurses for work among the poorer classes, and to keep a staff for emergency work in districts, who would be willing to reside in patients' own houses if necessary. Speeches were made by Miss Amy Hughes, Mr. Harold Boulton, M.V.O., hon. treasurer Q.V.J.N.I., Mr. F. E. Freemantle, Herts County Medical Officer.

The association is affiliated to the Q.V.J.I.N., and the application of Miss Allison, who is a Queen's nurse, has been found satisfactory for the post of lady superintendent of the home. Miss Allison was trained at Liverpool, and is a certified midwife. She has been sister at Southampton Infirmary, Queen's nurse in five different places, and superintendent at Ashton-under-Lyne. Miss Amy Hughes, after giving a brief description of the way in which other county associations had been formed, and the unqualified benefit they had invariably conferred upon the county, went on to say that many of the usual difficulties attendant upon such schemes were lacking with regard to Hertfordshire. It appears that one of the difficulties is the inspectorship, there being an instinctive dislike to what they look upon as outside interference on the part of local committees. This difficulty was obviated in the present instance by the fact that there was already such an excellent inspector for the county. The second important point touched upon by Miss Amy Hughes will undoubtedly be open to criticism, *i.e.*, that the nurses trained by this association are not only to be midwives, but are to have some general training also, it being a well-known fact that the term "nurse" covers *all* knowledge in the eyes of friends and neighbours. In Miss Hughes's opinion, county nursing associations rank infinitely higher in general utility than the method of appointing isolated county nurses by the county council. Very often, grants given to nurses directly by county councils have had to be revoked and placed in the hands of competent associations, who, by co-operation and affiliation, have evolved the best system of work. As Miss Hughes pointed out, the work of such associations can only become more onerous and important yearly owing to the rapid stride of legislative measures, such as school nursing and notification of consumption.

All that Miss Hughes said was most heartily endorsed by Dr. Freemantle. It was interesting to hear that, in Dr. Freemantle's opinion, no woman should go through her confinement without the aid and presence of a doctor, but that, this being an utterly impossible ideal to achieve, the next best thing was to leave a trained and responsible midwife in charge.

It seemed rather a pity that all the speakers, in using the word "nurse" very freely in speaking of the trained midwife, must have confused the proper understanding of the term for a lay audience.

Dr. Freemantle expressed a hope that the Watford Training Home might resemble the one he had recently visited at Ipswich, which, by a happy system, had evolved a highly efficient method of work and staff of workers.

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A few letters of appreciation from many we are receiving every day, any of which may be seen:—

Northwold, Stanley Road, Sutton, Surrey.
Dear Sir,—I received the Cloak, and am very pleased indeed with it. It fits me beautifully. It is superior to Cloaks I have paid double for at other firms.
I shall be glad to recommend you to my fellow-nurses.
Yours faithfully,
NURSE A. MITCALF.

Sirs,—Received Cloak, which I am pleased to say is very satisfactory, both in make and material.
Yours,
NURSE HINDMARSH.

Kingstown, Swinton,
September 3, 1908.
Sir,—Have received Coat and Cape safely, and am pleased to say it is a perfect fit and exceptional value. I am very satisfied with it, and shall be very pleased to recommend you to my friends.
Yours truly,
NURSE PICKARD.

48, Grove Street, Pontefract Road, Barnsley.
The Cloak arrived quite safely, and fits very nicely. Am delighted with all the goods I received from you, and shall be pleased to write again for my other orders.
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BIRMINGHAM DISTRICT NURSES HOME

THE new home of the Birmingham district nurses, situated in Summer Hill Road, in one of the poorest districts, was formally opened on Friday last by Mrs. Wm. Kenrick, who, with her husband, had given £1,000 towards the furnishing. The Lord Mayor of Birmingham presided at the opening ceremony, and spoke of the need in Birmingham of such a home, for whilst Manchester had five, Birmingham only possessed two. Mrs. Wm. Kenrick, in declaring the home open, although it had actually been occupied by the nurses for two months, said, as far as furniture went, in the old home they had been like Lazarus, living on the bounties that fell from the rich man's table. Now they had practically a new home, and were "puffed up with pride, because they had the nicest and most convenient Queen's nurses' home in the kingdom."

Miss Amy Hughes, general superintendent of the Q.V.J.I.N., said, as a district nurse of many years' standing, and one who had worked in some of the poorest districts, she knew what it meant to a tired nurse to come back to a bright, comfortable home. The work was delightful, but it took a lot out of one, and needed much tact. There was no one to appeal to on one's round. In district work the nurse must deal with emergencies herself, so that the nurse was more often worn out in mind than in body.

There was so much responsibility that the best class of women were wanted to undertake the work, the greater part of which was the education of the people to whom they were going. Miss Hughes spoke of the change in the class of district nursing of recent years. Since the passing of the Midwives Act nurses in country districts have to be prepared for this work. The medical inspection of school children also offered a new outlet for nurses. Several towns were going to employ the district nurses to prevent overlapping, and with a view to economy, as the nurses were accustomed to go into the houses of the poor. The notification of tuberculosis, too, was providing work in Ireland and Scotland for nurses. The work, in fact, was not only nursing, but education of the people. It was difficult to advertise it, however, for there were few homes, and no nice hospitals with attractive wards, and so it was little understood. Still, district nursing was a great saving of the rates, and homes such as that they were opening could help much in training nurses to send to small or single districts.

Miss Florence Walker, the oldest nurse on the staff of the nursing society, presented Miss Hayward, the lady superintendent of the Birmingham Home, with a beautiful silver rose bowl, "with the love of the staff." Miss Hayward replied in few words, but spoke of the spirit of friendliness amongst the whole of the staff, that made the work easy and pleasant.

All the rooms are bright and cheerful, and every convenience has been provided. There are only ten nurses in the home at present, but provision has been made for sixteen. There are five bathrooms, a large rest room, neat little bedrooms, one to each nurse, with fumed oak suites, iron bedsteads with printed covers, and white enamelled wardrobe cupboard. A sick-room, a linen cupboard, an airy larder, a cycle house, and so on, add to the general comforts of the home. The furnishing throughout is tasteful and useful, and the walls in the large rooms are decorated with good water-colour sketches, another gift of Mrs. Kenrick.

The Children's Hospital, Birmingham, was founded in 1861, and since 1870 has occupied its present site in Broad Street. The buildings are old, however, and inconvenient, and unfit for increased demands. It is difficult to cope with outbreaks of infection, and there is no room on the site for enlargement. The accommodation for the nurses is divided, four different buildings being used, which makes the work difficult for all. It has now been decided to erect a new children's hospital on a freehold site in Ladywood Road, with accommodation for 100 beds, instead of 62 as at present. The plans show a nurses' home, with recreation room and garden, and so on, separate from the other buildings. Proper isolation wards are also part of the plan, so that there shall be less risk of infection.

THE MEDICAL EXHIBITION

IT is rather a pity that the excellent medical exhibitions periodically arranged by the *British and Colonial Druggist* are not brought more prominently before the notice of nurses, since the exhibits are always full of interest for them. Various foods and medical preparations, as well as the newest appliances, are on view, and it was a pity that on the first day a larger number of nurses were not present, especially as in two cases trained nurses were explaining exhibits. Besides all the old and well-known preparations, about which there is always some new point to emphasise, we saw, on a hurried visit, many novelties.

Messrs. Brand and Co. are now putting up a concentrated home-made beef-tea in the form of a jelly ready for immediate use at 7d. and 1s. This is a very useful preparation to keep in private work. The Seamless Rubber Co. (Howison and Co., 26 City Road, E.C.) have a new atomiser on the market, price 3s. 9d.; one was filled with Cyllin, which was given out in the form of a fine smoke. The Millennium Co. (County Terrace Street, S.E.) were showing various pure fats and oils, free from all animal matter; these attracted a great deal of attention, now that the tendency is to reduce animal food in every way. The Liebig Co. make a speciality of "Nursing Oxo," which is capable of immediate assimilation by the weakest digestion. Messrs. Suttley and Silverlock (92 Blackfriars Road, S.E.) showed a series of very useful case books and charts, made up in convenient forms The Hygienic Co., Ltd. (56 Southwark Bridge Road, S.E.), was surrounded by visitors looking at the miniature bath, which was carbonated by their preparation, "Zana"; this, put into any water, immediately produces effervescence lasting for fully half an hour, and gives a bath similar to those found at various Spas for rheumatic and gouty affections. A very interesting exhibit was the "Yaourte," or artificially soured milk, which is recommended so strongly by Professor Metchnikoff as a food for old and young, on account of its action on digestion. This "Yaourte" is made by Mrs. Marsh, Overshot Mill, Colne Engaine, Essex, and supplied in 1lb. tins at 1s. 6d. post free. One stall was filled with various teapots made on the excellent "S.Y.P." model; in these the tea is put in a little division, and the tea made in the ordinary way; afterwards the teapot is lifted to stand in a different position, and the tea infusion is thus drawn off the leaves and remains perfectly free from tannin.

The Nauheim Institute showed a delightful miniature bedroom and bath, illustrating the Nauheim treatment they now give at 6 and 7 George Street, Hanover Square; the exhibit was in charge of Nurse Husk. Messrs. Callard, 74 Regent Street, W., so well known for diabetic foods, are to be congratulated on having found a new bread which is really palatable, the great objection to diabetic bread hitherto being its insipid taste—this sample was really excellent in taste. Messrs. Stephen Smith and Co., Bow, E., have just concluded an arrangement with the Liebig Co. by which they have put on the market a combination of Keystone Malt Wine and Lemco. Messrs. Johnson and Johnson (Timpson and Co., 104 Golden Lane, E.C.) were showing some excellent plasters and dressings; their Z.O. plaster, prepared with zinc oxide, has actually been used instead of sutures. Another novelty of theirs was the "Friable Pill," the covering of which can be broken with the lightest pressure, so that there is no fear of the pill remaining undissolved. Messrs. Fairchild Bros. were giving samples of "Pepsencia," which is a solution of gastric juice made in a very palatable form, and tasting like a good liqueur. This has been found very useful in cases of indigestion and for preparing junket and whey.

Another new diabetic food, "Biogene," was shown by Messrs. Bonthron (Glasshouse Street, W.). Messrs. Hewlett and Son (35 Charlotte Street, E.C.), in addition to various useful antiseptic creams and jellies, showed a sterilisable enema at 2s. 6d. and 3s. 6d. Messrs. Thomas Christy and Co. (Old Swan Lane, E.C.), were explaining their lint and Christia tissue, which is unaffected by heat or damp, and more durable than silk or gutta-percha. Their "Poudro" pencil is an ingenious invention for dusting a little powder on one small spot. Nurses

will be interested to know that the same firm are the agents for "Lactitia," which is a concentrated form of buttermilk, prepared in Holland, and very successful in infant feeding. A very clever invention was shown at the same stall, the "Sprat Douche" which is a simple little instrument combining nasal douche, spray and atomiser all in one, price 5s. 6d.

An invention at the exhibition that will appeal more to nurses than to doctors was the very ingenious Hercules Meat Juice Press, 85 Queen Victoria Street, E.C.; this is a small press, price 25s. and 15s., which will, with a slight pressure, extract all the juice from raw meat in large quantities, or a few drops at a time, just as needed. The meat can remain in the press and the juice be drawn off as required. This would be a most useful labour-saver for nurses. A new port wine of good flavour, and containing 7 per cent. of raw meat substance, has been put on the market by Messrs. Sutton, Bendle and Co., 148 Sloane Street, S.W. Messrs. Evans and Sons (60 Bartholomew Close, E.C.) exhibited a baby spoon at 1s., which will prevent any dropping, and also some very useful sterilising tablets, by which water can be immediately and cheaply sterilised without any boiling. Messrs. Hoefftcke (21 Woodstock Street, W.) have made another improvement in their wonderful auto-gloving machine. The glove is now put in place by the nurse and stretched with one press of her foot; all the surgeon has to do is to put his hand in and press the foot-piece again, when in one second the glove is on the hand. Messrs. Mellin have a "Lacto" food for temporary use where milk cannot be obtained. This has a high percentage of fat. Mellin's feeding bottle is also improved, the lettering and numbers being frosted on so that there is no blown lettering rendering the inside hard to clean. With the bottle is given a brush with a cranked handle, so that it is easy to clean every part of the interior.

The Dowsing radiant heat bath was also explained by a trained nurse. The company now has, in addition to its institution in York Place, a regular nursing home at 12 Devonshire Street, and employs a matron and six nurses. Our readers will be interested to know that an employment bureau has been started in connection with this company at 28 York Place, Baker Street, W., at which no entrance fee is charged, but a commission of 7½ per cent. on the salaries.

Messrs. Fassett and Johnson (31 Snow Hill, E.C.), in addition to their well-known thermogene, which is a medicated wool for producing gentle counter-irritation, have introduced a special digestible form of cocoa, known as "Cocoacorn." The Pulvo Co. (10 Dean Street, High Holborn) have an appliance for sucking up dust from carpets and walls by means of hand or electric power; this is specially useful for working quietly in sick-rooms, and we are not surprised to see that the apparatus has been ordered by the Royal Infirmary, Edinburgh, and by Lewisham Infirmary. Leslie's, Ltd. (South Place, E.C.), have a very light and fine friction towel, and make a speciality of crêpe bandages and binders; these are porous and washable, and though they contain no rubber, are so woven that they have the same elasticity with none of the disadvantages. Messrs. Clay, Paget and Co., 71 Ebury Street, S.W., so well known for their Modified Milk, have now put on the market a sugar-free milk for use in diabetes, gout, &c. The Dalloff Tea Co. (32 Newgate Street, E.C.), backed with the support of many Continental medical men, is now introducing Dalloff tea into England as a cure for stoutness.

The very latest in bedsteads was shown by Messrs. Taunton, of Birmingham, the special feature being the oblique position of the springs at each end of the wire mattress; this simple device gives such wonderful strength that the beds are guaranteed not to sag for twenty years. They have been largely ordered by hospitals and nursing homes. The maternity bedstead with a little wire cot slung at the end, and the humane bedstead with soft spring sides for mental cases, are perhaps of particular interest to our readers. At the end of the room the Danysz Virus was being explained to an interested assembly. The Virus contains the germs of a disease to which rats and mice are susceptible, and has acted in a marvellous manner in absolutely clearing out this kind of vermin where it has been laid down.

MEDICAL MISSION HOSPITAL, PLAISTOW

FOUR years ago the work of the Medical Mission Hospital, Plaistow (then occupying two adjoining houses in the Barking Road), was taken over by Dr. Lilian Simpson as resident medical officer and Miss Persis Scott-Pratt as matron. A year later they had the joy of seeing the completion of the beautiful premises in Balaam Street, which were formally opened on October 19th, 1905.

Wednesday, September 30th, was also a date which will long be remembered in the annals of the Hospital, for on that day members of the staff and committee, past and present, were gathered informally to bid their doctor and matron farewell.

Miss Cheetham, President of the Women's Supplement, and chairman of the Hospital Committee, spoke with deep feeling of the regret felt by all at their departure, and the earnest hope of all present that their interest in the hospital would not be diminished by the severance of their active connection with it, especially as they were not leaving the neighbourhood. She then begged their acceptance of cheques to the amount of thirteen guineas each, subscribed by the medical and nursing staff and the committee, as a slight token of their affection and gratitude for all the splendid work accomplished by them. Dr. Simpson replied for herself and Miss Pratt in a few words, which were received with a hearty round of applause from those present.

They are succeeded in their work by Dr. Edith Holloway, M.D., M.S., Lond., who has already worked at the hospital for six months as district doctor, and by Miss Turnbull, whose appointment was gazetted last week in the columns of The Nursing Times.

RED UNDERCLOTHING FOR THE TROPICS

SCIENCE has proved to us that it is the blue rays (known as the actinic) which produce sunstroke, and that the red rays (known as the non-actinic) have no harmful effect. Consequently if a non-actinic material is worn next to the skin the effect of the actinic rays would be nullified. The Cellular Clothing Co. (72 Fore Street, E.C.), have therefore produced a specially dyed red fabric which permits only the red and yellow rays to act on the skin, and their underclothing, which is particularly suitable for wearing in hot climates, will have the further advantage of being procurable in this non-actinic colour.

NEWS ITEMS

The Hammersmith district nurses are having a jumble sale at Carnforth Lodge on Saturday, October 10th, at 3 p.m.

Miss Ethel Collins, trained at the Seamen's Hospital, and Miss E. M. Kensit, trained at University College, have been registered in Cape Colony.

The Coventry Nursing Institution, which has given up private work, but keeps on six district nurses, under Miss Monro, has moved into a smaller home at 2 The Quadrant. More money is urgently needed for an increase of staff.

The Aberdeen City Hospital will probably be enlarged this winter by four extra pavilions, including one for skin disease and additional accommodation for nurses, consisting of ten single bedrooms, two double bedrooms, and a recreation room.

A telegram from New Zealand states that a case of leprosy has been cured under Dr. Mason by the Deycke treatment of an injection of leprosy bacillus. It is necessary, of course, to wait for further particulars, but one may dwell on the possibilities of what such a cure would mean to nurses working in the mission field.

A nursing corps has been instituted among the work girls of Messrs. Clarke, Nicholls, and Coombs, Ltd., at Hackney Wick, and has already proved itself of value

SAFETY — CERTAINTY — CELERITY

NO DRUG HABIT INDUCED — NO TOXIC EFFECT.

Antikamnia

OPPOSED TO PAIN.

A POSITIVE RELIEF

For All Headaches, Neuralgias,
Cold-in-the-Head, Indigestion, Women's Aches and Ills, and All Nerve Pain

ADULT DOSE: Two Tablets Every Three Hours

"Antikamnia & Codeine Tablets"

For Tickling Coughs, Hacking Coughs, Night Coughs, Consumptives' Coughs, Deep-seated or Otherwise, let one dissolve on the tongue every two hours.
Particularly effective in the relief of all Ovarian and Pelvic Pains, Colic, Stomach and Bowel Complaints, &c.

ADULT DOSE: One or Two Tablets Every Three Hours

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Samples sent on receipt of Professional Card

ARABELLA

A Pleasant yet Reliable
Natural Mineral Water

A Help to Nurses and Nursed.

Nurses who have Arabella Water at hand, avoid all the dangers of constipation in their patients.

Arabella Water is a pure natural mineral water. It is bottled at the famous Health Springs at Kelenfold, near Buda-Pesth, and possesses a superiority to other natural waters, as great as is their superiority to evaporated salts and manufactured aperients.

Its notable wealth of salines ensures complete and regular action of the bowels without griping and without shock to the invalid or delicate woman. Its equally notable freedom from the usual repugnant bitterness makes it acceptable to the invalid when all other aperients are refused. Another great feature of Arabella Water is, that for women and children and for those of irregular or sedentary habits, it offers the advantages of a dependable, pleasant corrective, with perfect freedom for the rest of the day.

Medical men are using it increasingly in the cure of constipation, biliousness, dyspepsia and kindred ailments, and as an effectual treatment for many disorders of the liver and kidneys as well as for gout.

The relief Arabella Water affords to those in charge of difficult or engrossing cases has only to be experienced once to secure it a permanent place in Hospital or Home. In case of indigestion, a small quantity (half a wineglass) taken directly after food should give immediate relief.

FREE COUPON TO NURSES

who have not employed Arabella Water. Send this to us with your professional card, and we shall be happy to send you a Sample Bottle of Arabella Water, with analysis and data, gratis and post free.

THOS. CHRISTY & CO., 4, Old Swan Lane, London, E.C.

MIDWIFE'S THERMOMETER.

Designed by DR. R. J. COLLIE,

Superintendent of the Midwifery Classes of the London County Council.

This Thermometer has been designed for those who are unaccustomed to the use of the Clinical. It is 5 inches in length, thus allowing for a clear open scale; the bore is large, giving a broad column of Mercury.

The Midwives Act enacts that when the temperature rises to 100·4° a doctor must be sent for; in order to make this point clear at a glance, a thick red line is placed at 100·4° and the figures above this line are in red with the word "Danger" above in large letters; the figures below 100·4° are in black.

The Thermometer registers in four to five minutes; it is strongly made, and supplied in a Vulcanite Case.

Price 3s. each. Postage 1d.

REYNOLDS & BRANSON, Ltd., LEEDS.

Telegrams: "REYNOLDS, LEEDS."

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ALL WOOL

UNDERWEAR

MADE OF LOVELY SOFT WOOL FROM THE EAST

An entirely new production of unequalled durability

Such delightful underwear has never been offered at the price

Scotch made. Perfect in shape. Ventilated armholes

Any garment shrinking through washing will be replaced

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"MACGREGOR'S" SOFT DRESSED

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31, 36, 42, 44 INCHES WIDE

WINCEY

Unequalled for Blouses, Dresses Underclothing, Children's Frocks, Babies' Clothes

BETTER THAN FLANNEL

PATTERNS POST FREE.

SUPPLIED DIRECT FROM:- GREENSMITH DOWNES & SONS, EDINBURGH, W.

TO H.M. THE KING.

JEYES' DISINFECTANTS

as used in the

ROYAL HOUSEHOLD

ARE NON-POISONOUS.

"We would especially recommend Jeyes' disinfectant Cyllin for the use of Midwives. It is powerful as a disinfectant, but does not hurt the most tender skin."

Nurses' Journal.

The 4d. Bottle, specially prepared for nurses and midwives, will make 40 Pints of a Solution which is guaranteed equal in efficiency to 1 in 40 Carbolic Acid.

JEYES' SANITARY COMPOUNDS CO., Limited, 64, Cannon Street, London, E.C.

Special Offer of OATINE Free to Nurses.

THERE is probably no other profession or occupation, to which a woman is called that wears on one so much as the Nursing profession, and unless a woman makes the most of natural means of keeping and fostering her complexion, in a few years she will become wrinkled and sallow.

The secret of what is often called perennial youth is found in the care of the skin, and nothing will assist you more in this than the use of **Oatine**, which gets down into the pores and clears away the grime embedded there. **Oatine** is made from the pure healing essence of the finest oats, and is free from chemicals or animal fats. It removes blemishes, and makes the skin soft and velvety. Men find it invaluable after shaving for relieving irritation, which even the best razors cause.

Washing with oatmeal water was the old method of preserving the complexion. **Oatine** is better—more efficacious—more active. Remember that **Oatine** does not grow hair.

Of all chemists, 1/3 a jar, or larger size, holding four times as much, 2/6. The larger jar lasts 6 months, if used twice a day.

FREE SAMPLE OF OATINE CREAM

OUR OFFER.—On request we will send you a FREE SAMPLE of any of the **Oatine** preparations, and a copy of our booklet, "Beauty Hints"; or for 3d. in stamps we will send you a box containing samples of **Oatine** Cream, Balm, Face Powder, Soap, Talcum Powder, Tooth Paste, Soap in Tubes, and Kylets.

The OATINE CO.,

249, Denman Street, London, S.E.

to the employees. Each member is taught first aid, classes for which are held at the works under the direction of a doctor and a lady instructor.

Mrs. Edith Pemberton, a district nurse in the employ of the Cheshire County Nursing Association, has been charged at the Macclesfield Sessions with attempting to obtain by false pretences £95 6s. 6d. from the North Staffordshire Railway Co., which, she declared, was the value of contents of a box lost on that railway.

Matters are being pressed forward at the new Orthopædic Hospital, and it is hoped that the new out-patient department may be ready for use by January next. An extension of the lease at Charing Cross Hospital has had to be arranged until June next, instead of December, as had been hoped. The temporary out-patient department at Bolsover Street is hopelessly inadequate.

About £11,000 having been obtained towards the new Central London Ophthalmic Hospital, building is to commence almost at once. The new site is a corner one, at Judd Street. Meanwhile the matron's one anxiety is to get the plans made out, so as to afford a bedroom each to all her nurses, which is obviously desirable.

Among the candidates for final selection for the post of superintendent nurse of Belfast Union Infirmary were a former London matron, two assistant matrons, and three superintendents. Finally, Miss Howlett, lady superintendent of Steyning Union Infirmary; Miss Wallace, senior assistant matron, Camberwell Infirmary; and Miss Kerwin, superintendent Fusehill Hospital, Carlisle, appeared before the Board, and Miss Howlett was appointed by a majority of votes.

Lady Randolph Churchill's reminiscences, which are running through the *Century Magazine*, have reached the period when she went out to Africa as nurse during the Boer War, and the October number contains an interesting photo of her, Miss Hibbard, Sister Ruth (Miss Manly), Miss E. Warrender, Sister Sarah (Miss McVean), Sister Virginia (Miss Ludekins), and Sister Margaret (Miss McPherson).

A very successful sale of work was held at Derby on October 2nd, in aid of the funds of the Derbyshire County Nursing Association. The sale was got up and managed entirely by the nurse superintendent (Miss Bridges, Q.V.J.I.), and the nurses of associations in affiliation with the D.C.N.A. The sale realised £35, which will be utilised for training a nurse to work under the County Association, which is much in need of funds for training purposes.

An unpleasant difficulty has led indirectly to the resignation of the master, matron, and nurse at the Longtown Workhouse. It is alleged that the master read a letter dropped by the nurse, and took advantage of this to make remarks about her conduct. The L.G.B. have, in consequence, demanded his resignation, and, as it was shown in the course of the inquiry that the nurse had been appointed with insufficient qualifications and experience, they also called upon the Guardians to remove her. It is to be hoped that this thorough clearance will result in a more satisfactory state of things.

A great deal has been written in the papers recently about the large legacy left to a nurse, Miss Rose E. Holliday, in recognition of her devoted attention during a long illness. The circumstances of this case were quite exceptional, and in the ordinary course we are quite sure that the thought of reward does not enter into consideration with a good nurse. We hope, therefore, that the secretary of the society to which this nurse belonged was misrepresented when she is quoted in an evening paper as saying: "One of our nurses, who had a long and difficult case some time ago, did not receive anything from her former patient, though she was a lady who left £60,000," as though a legacy was usually expected.

APPOINTMENTS

Anson, Miss Alice. Matron, Royal Alexandra Hospital, Rhyl.
Trained at Guy's Hospital; Alexandra Hospital, Rhyl (sister); C.M.B.

Morgan, Miss M. E. Matron, Tregaron Union.
Tregaron Union Workhouse (assistant matron).

Webb, Miss Alice. Nurse matron, Chalfont St. Peter Cottage Hospital.
Trained at Westminster Hospital; district and private nursing.

Compston, Miss Helena. Sister, Rochdale Infirmary.
Trained at Oldham Infirmary (staff nurse and night sister.

Jones, Miss Ada. Staff nurse, Rochdale Infirmary.
Trained at Warrington Infirmary and Dispensary; Montagu Hospital, Mexborough, Yorks. (staff nurse).

Quinn, Miss Agnes. Charge nurse, Derby Borough Asylum.
Trained at the Retreat, York; M.P. certificate.

Tuft, Miss Georgina M. Charge nurse, Derby Borough Asylum.
Trained at Downpatrick and Claybury Asylums; M.P. certificate.

DEATH

The death is reported of Miss W. Dean, superintendent nurse of Hereford Union, of heart disease. The Guardians referred to her excellent work during her seven years' service.

PRESENTATIONS

An interesting presentation took place at Bishop Auckland on Monday evening, when Nurse Olive Whitaker (on Nurse Wood's staff) was the recipient of a handsome testimonial subscribed for by the friends and patients in the town and district, as a token of the esteem in which she is held. The present took the form of a purse of gold. There was a good company present, and several capable speeches were made, referring to Miss Whitaker's good qualities in the profession. Miss Whitaker suitably acknowledged the gift, and thanked all who had so kindly contributed. Miss Whitaker has taken up new duties at Hastings, and her services will be much missed by the residents of Bishop Auckland.

Miss Abraham, matron of the Huddersfield District Nurses' Home, was presented with a purse of gold prior to her departure to Newcastle.

COMING EVENTS

October 13th.—Nurses' Missionary League, Lecture, "The Responsibility of a Senior Nurse towards other Nurses," by Miss Fox (Tottenham Hospital), 67 Guilford Street, W.C., 10.30 a.m.

Discussion, opened by Dr. W. A. Potts, on "The Relation of Alcohol to Feeble-mindedness," 11 Chandos Street, Cavendish Square, 4 p.m.

October 15th.—The Nurses' Registration Bill comes up for further discussion in the House of Lords.

October 18th.—Sermon on the Nurses' Missionary League, All Souls', Langham Place, by the Rev. F. S. Webster, 7 p.m.

October 20th.—Annual Service of the Guild of St. Luke, St. Paul's Cathedral, 7.30.

Nurses' Missionary League, Lecture, "The Responsibilities of Nurses towards their Patients," by Miss Moriarty, 67 Guilford Street, W.C., 10.30 a.m.

October 23rd.—"At Home" to the Nurses' Union, 50 Queen's Gate, S.W., 3 to 6.30 p.m.

October 27th.—Nurses' Missionary League, Lecture, "The Responsibilities of Nurses towards the Heathen World," by Cecil Davenport, F.R.C.S., 67 Guilford Street, W.C., 10.30 a.m.

October 29th and 30th.—R.B.N.A. Examination for Diploma, London, Glasgow, Birmingham, Manchester, Reading.

October 19th-31st.—Infants' Health Exhibition, Institute of Hygiene, 34 Devonshire Street, W., 2-9 p.m., admission 6d.

MIDWIFERY

NURSES AS MIDWIVES

An article under the above heading in the last issue of the *British Medical Journal* should be read and studied very carefully by all those who are interested in the "training and supply of midwives," more especially in country districts. It is based upon a communication from Miss White, secretary and superintendent of the Northumberland County Nursing Association, and Inspector of Midwives for the Northumberland County Council, addressed to members of branch committees of the association, to the effect that the Midwives' Committee of the County Council strongly urges the association "to rescind any rule preventing their nurses from acting as midwives to persons unable to pay doctors' fees," to which the reply is given that the association has "no rule which prevents their nurses from acting as midwives, but leave this to local committees to settle." The Executive Committee "hopes that the local committees and the local medical men will give this matter their favourable consideration."

The *British Medical Journal* comments upon this as follows:—"It would be interesting to members of the profession practising within the sphere of influence of the Northumberland County Council to ascertain the reasons which prompted the Midwives' Committee of that body to approach the Northumberland County Nursing Association with suggestions as to the manner in which its work should be carried on."

We are able to supply that information. It is, doubtless, because, as is matter of common knowledge in the county in question, the members of the medical profession have for some time past consistently obstructed the work of the Nursing Association in the matter of supplying trained midwives for the service of the poor mothers in Northumberland. Nursing Associations have been unable to carry out their wishes and their obligations to the poor in this matter because the local medical practitioners have practically threatened to boycott any midwives who might be employed by them. The associations have, therefore, been in the position of being compelled to have more regard for the "interests of medical men" than the well-being of the necessitous poor. The *British Medical Journal* asks whether "medical men are to be met with an organised opposition in one branch of their profession, subsidised or maintained at a regular salary by a wealthy association?" In reply to this it should be stated that it is an almost invariable rule with associations supplying midwives that they only undertake cases which, after inquiry, are ascertained to *be unable to pay doctors' fees*. The suggestion that the proper authority to decide whether or not persons applying for the services of a midwife are able to afford doctors' fees should be the local medical practitioner is surely somewhat Gilbertian. The article speaks of the "assistance in obstetric work rendered by nurses which medical men so much appreciate," and this raises a point which should not be overlooked. It actually happens in a large percentage of the cases in which the "assistance of nurses" is given, that the nurse (midwife) does actually deliver the patient herself, the medical practitioner frequently not troubling to be present, but having no hesitation in subsequently taking the full fee.

Throughout this lamentation over what is described as "subsidised opposition" to medical men, no word is breathed as to the rights of the poor mother to be attended by a midwife if she so prefers. Yet in a land where the liberty of the subject is supposed to be sacredly guarded from abuse, this is one aspect of the question which is not to be overlooked. The trouble in Northumberland has been simmering for a long time past. It is quite as well that the fight between the "interests" of a profession and the needs of the poor should now be open to public comment.

The following proposals were before the Okehampton Board of Guardians on Saturday. They were favourably considered, but the Board felt they could not adopt them at present, as the time had not, in their opinion, arrived for the recognition of the midwife as a State servant.

1. The powers of the County Council should be increased so that to meet the needs of our rural districts appointments may be made of one midwife or more for service in a single parish, or group of parishes, as may be necessary.
2. The midwife should be recognised as a public servant, subject to the authority of the Local Committee.
3. The salary or retaining fee to be paid the midwife should be met out of the county or district funds.
4. The system of annual grants in aid made by the Local Government Board to local authorities upon the appointment of medical and other officers of the "public health" should be adopted with regard to the midwife.
5. To avoid the taint of "charity" being cast upon the service of the midwife, no compulsory fees for that service should be required.

A large meeting in support of the proposed maternity home was held in York on Monday. Dr. Swanson, who is the originator of the scheme, said they had got three-parts of the furniture ready to carry in; they were on the eve of the appointment of a matron, who would take charge under the directions of the dispensary authorities, and when she was appointed they would have the premises completed and would open it without delay. He referred to the good work done by the nurses of the home in Monkgate.

The need of a maternity home for Huddersfield was referred to at a meeting of the local district nursing society.

Nurses will be interested to learn that an Infants' Health Exhibition, to demonstrate the progress and recent advances in connection with the health, comfort, and training of children, will be held at 34 Devonshire Street, Harley Street, W., under the auspices of the Incorporated Institute of Hygiene. The exhibits will be arranged in sections—the nursery, the bedroom, recreation, physical exercise, school life, education, &c. There will be models of a hospital ward for children, and of a school nursery as suggested by the Board of Education, and short, interesting lectures will be given by acknowledged authorities. The exhibition will be opened by the Duchess of Albany on October 19th, and remain open till October 31st, from 2 p.m. to 9 p.m., admission sixpence.